APPLICATION FORM FOR PERSONAL DATA PROTECTION

This Application Form for Personal Data Protection (“Form”) is provided for the data subjects of Yetkin Bayer Medikal Diş Turizm İnşaat San. Ve Tic. Ltd. Şirketi (“YETKİN BAYER”) who want to use their rights under 6698 Personal Data Protection Law (PPP).

In case the data subjects prefer to apply to our company in order to use such rights, this form should be fully completed and signed and thereafter should be delivered to the Company by using the following delivery methods:

1. Personal delivery should be made to Kuruçeşme Mah. Ahmet Adnan Saygun Cad. No: 69b Beşiktaş / İstanbul address along with authentication documents (such as birth certificate, driving license etc.) and the Form should be signed during application process, or
2. In case the Form is to be delivered through notary public it should be delevired to Adnan Saygun Cad. No: 69b Beşiktaş / İstanbul address, or
3. through CAP of the data owner to mail address [yetkinbayer@hs01.kep.tr](about:blank) or
4. to [hukuk@yetkinbayer.com](about:blank) by your email address which was previously notifed to our company and is recorded in the system.

# Applicant Information

Please provide the following information accurately in order to be evaluated properly

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| TR Identity Number | : |  |
| Address | : |  |
| Telephone number | : |  |
| Email | : |  |

Please mark the most relevant option which identifies your relation with our company and provide information about the status of your relation in the textbox. In case your relation is terminated, provide information regarding the development of such relationship including its period and specify the contact manager or branch information, if any.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Customer |  | Employee |  | Candidate |  |
| Supplier |  | Patient |  | Visitor |  |
| Other (………………………………………………………) | | | | |  |

# Demand of the Applicant

Please mark your demand(s) concerning the personal data from the above list

|  |  |
| --- | --- |
| I want to know whether my personal data is processed |  |
| In case my personal data is processed I would like to have information in this respect. |  |
| I would like to have some information about the process purpose and whether their use is suitable for the purpose. |  |
| I want to know the local and overseas third parties whom my personal data is transferred |  |
| In case my personal data is processed deficiently or wrongfully I would like them to be corrected. |  |
| In case the purposes for personal data process is no more required, I want them to be erased or destroyed |  |
| I want the corrected personal data to be notified also to third parties who have them |  |
| I want the erasure to be notified to third parties who have them |  |
| I believe that the personal data is solely analyzed with automatic systems and the results are detrimental, therefore I object to such result. |  |
| I incurred damage due to illegal processing of my personal data and want such damage to be recovered. |  |

If you believe that you need to provide additional information according to the above marking of the list please use the following free textbox.

|  |
| --- |
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# Finalizing the Application

Our company shall finalize your request latest within thirty days and shall reply by using the address and email information provided in Section 1 through mailing service or email. Please indicate if you have any other special option for the methods of replying method.

|  |  |
| --- | --- |
| I would like to have a reply by post | □ |
| I would like to have a reply through email | □ |

In case additional information is needed to evaluate the request, YETKİN BAYER may contact you in order to finalize your application. Your application will be finalized free of charge and in case an additional cost is incurred, this shall be charged according to the relevant regulation.

# STATEMENT

I hereby request that this application under PPP is evaluated and finalized accordingly.

|  |  |  |
| --- | --- | --- |
| Name of Applicant | : |  |
| Signature of data owner | : |  |
| Date | : |  |